

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26882

File No. 433-
Registered No. St. Ward

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 4280
City Aurora (No. 417 East College

2. FULL NAME Crayton Pottenger

(a) Residence, No. 417 East College St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Pottenger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1859
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
74 0 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME James Pottenger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Jemima Miles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT G.W. Pottenger (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lead Hill Ark, DATE 8/10 1933

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on About 19 Death is said to have occurred on the date stated above, at 4.45m. The principal cause of death and related causes of importance were as follows:

Ch Myocarditis Date of onset

Other contributory causes of importance:

Name of operation med history Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Pottenger

(Address) Aurora Mo

